TOWN OF LOS GATOS Finance Department Business License Tax Division P.O. Box 697, Los Gatos, CA 95031

Los Gatos, CA 95031 408-354-6835 Fax: 408-399-5713

□ RENEWAL



APPLICATION BUSINESS TAX AND LICENSING CONTRACTOR

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INSTRUCTIONS:

- All questions on this form must be answered or designated not applicable (N/A) as appropriate.

□ NEW APPLICATION

Additional information may be required pursuant to Los Gatos Town Code, Chapter 14.

In order to comply with requirements of the State Controller's Office, a Business Tax Certificate (License) will not be issued without the following information.

ΡI	FASE	PRINT	ΔΙΙ	INFOR	MATION:

PLEA	ASE PRINT ALL INFORMATION	N:						
1.	Business Name:							
	Business Address:							
-		Number	Street		City	State	ZIP	
	Business Telephone #: _			Fax:				
	Billing Address:	Number						
		Number	Street		City	State	ZIP	
	Type of Business (please	be specific):						
2.	Type of Ownership (check of [] Partnership	ne): [] Corporation	[] Trust	[] Sole Proprie	etorship			
	Owner's/President's Name	»:	Те	Telephone #				
	Owner's/Corporate Addres	SS						
	Owner's/Corporate Addres	Number	Street		City	State	ZIP	
3.	STATE CONTRACTORS LI	CENSE NUMBER_		CLASS _				
4.	At least <u>one</u> of the following Federal Employer ID Social Security #	D#						
5.	Complete the following: a. Flat Fee (please check ap [] Contractor - \$224/yr an [] Prorate \$168/yr [] Prorate \$112/yr [] Prorate \$ 56/yr	inual (Jan 1 through after April 1 after July 1	Dec 31)					
	It shall be unlawful for any p in the Town without first hav The license period is from J	ing procured a licen	se from the Town.	Sec.14.10.015	sion, calling	g or occupation	1	
	I understand that obtaining in violation of any Local, S involved before beginning	State, or Federal lav	w. I understand it					
	CLARE UNDER PENALTY OF Pl contained herein. Executed this ornia.			orrect and if called a In the Town of Los				
SIGN	FD:		TI	TLE:		rev	v 7/04	